

Form CPF M 102: Campaign Finance Report

Municipal Form

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Office of Campaign and Political Finance

2018 HAY -7 PM 3: 25

of Massachusetts	File with: City or Town Clerk or Election Commission								
Fill in Reporting Period dates: Beginning Date: 4	7/12/2018 Ending Date: 5/7/2018								
Type of Report: (Check one)									
8th day preceding preliminary 8th day preceding election	n 30 day after election year-end report dissolution								
Jennifer Lyn Davy	Daw Slastica								
Candidate Full Name (if applicable)	Davy Election Committee Name								
Board of Selectmen	Matthew Davy								
Office Sought and District	Name of Committee Treasurer								
9 Meadowbrook Road, Grafton, MA 01519 Residential Address	9 Meadowbrook Road, Grafton, MA 01519								
E-mail: jenniferdavy4@gmail.com	Committee Mailing Address E-mail: mwdavy@outlook.com								
Phone # (optional): (408) 642-8707	Phone # (optional): (508) 579-3564								
SUMMARY BALA	NCE INFORMATION:								
Line 1: Ending Balance from previous report	0.00								
Line 2: Total receipts this period (page 3, line	300.00								
Line 3: Subtotal (line 1 plus line 2)	300.00								
Line 4: Total expenditures this period (page 5	i, line 14) 258.26								
Line 5: Ending Balance (line 3 minus line 4)	47.74								
Line 6: Total in-kind contributions this period	1 (page 6) 0.00								
Line 7: Total (all) outstanding liabilities (page	0.00								
Line 8: Name of bank(s) used: Homefield Cred	it Union								
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this committed Signed under the penalties of perjury: **Matthew** **W. Daw** FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	(Treasurer's signature) Date: 5/7/2018								
Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is,	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions.								
Candidate without Committee QR Candidate with independent activity fill certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	to the best of my knowledge and belief, a true and complete statement of all campaign								
Sind of the state	Date: May 7,2018								

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

(120										ı T
Line II: IOIAL		Line 10: Total Rece	Line 9: Total Rece						4/13/2018	Date Received
Line 11: IOIAL RECEIPININ THE PERIOD	DECEMBER IN THE BEST OF	Line 10: Total Receipts \$50 and under* (not listed above)	Line 9: Total Receipts over \$50 (or listed above)						Jennifer Davy 9 Meadowbrook Road, Grafton, MA 01519	Name and Residential Address (alphabetical listing required)
300.00		300.00	0.00						300.00	Amount
Enter on page 1, line 2									Realtor, Homestead Realty Group	Occupation & Employer (for contributions of \$200 or more)

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Line 11: TOTAL	Line 10: Total Rec	Line 9: Total Rece							Date Received
Line 11: TOTAL RECEIPTS IN THE PERIOD	Line 10: Total Receipts \$50 and under* (not listed above)	9: Total Receipts over \$50 (or listed above)							Name and Residential Address (alphabetical listing required)
									Amount
← Enter on page 1, line 2									Occupation & Employer (for contributions of \$200 or more)

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13. M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep

report all expenditures. Please include your committee name and a page number on each page.) (A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

								4/17/2018	Date Paid
Enter on page 1, line $4 \rightarrow$								VistaPrint	To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Total Expenditures \$	Line 12: Total Expenditures over \$50 (or listed above)						95 Hayden Avenue Lexington, MA 02421	Address
URES IN THE PERIOD	Line 13: Total Expenditures \$50 and under* (not listed above)	er \$50 (or listed above)						Yard Signs	Purpose of Expenditure
258.26	0.00	258.26						258.26	Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

			To the state of th						Date Paid
Enter on page 1, line 4 →		24.8							To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Expenditures \$50 and under* (not listed above)	Line 12: Expenditures over \$50 (or listed above)							Address
) (or listed above)							Purpose of Expenditure
									Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

added together from the committee's records and included in line 16 on page 1. Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be

CONTRIBUTIONS	Line 17: TOTAL IN-KIND CONTRIBUTIONS	Enter on page 1, line 6 → Line 17: TC	170
\$50 & under (not	Line 16: In-Kind Contributions \$50 & under (not listed above)		
Sec. 850 (2-1:atal			
Description of Contribution	Residential Address	d From Whom Received*	Date Received

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

								Date Incurred
Enter on page 1, line $7 \rightarrow$								To Whom Due
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)								Address
DING LIABILITIES (ALL)								Purpose
0								Amount